

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7212**

FILED FEB 24 1953

BIRTH NO. _____		REG. DIST. NO. 295		PRIMARY REG. DIST. NO. 4443		Registrar's No. 6		
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville		c. LENGTH OF STAY (in this place) 2 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville		0880		
d. FULL NAME OF HOSPITAL OR INSTITUTION home of Roy Althouse				d. STREET ADDRESS (If rural, give location) home of Roy Althouse				
3. NAME OF DECEASED (Type or Print) a. (First) Samuel			b. (Middle)		c. (Last) Reed		4. DATE OF DEATH (Month) (Day) (Year) February 18, 1953	
5. SEX male	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Jan. 3, 1878		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) general laborer		10b. KIND OF BUSINESS OR INDUSTRY labor		11. BIRTHPLACE (State or foreign country) Randolph County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME James Reed		13b. MOTHER'S MAIDEN NAME Rachel Lewis		14. NAME OF HUSBAND OR WIFE None				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Roy Althouse; Huntsville, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myo carditis				DUE TO (b) arterio sclerosis				5 yr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) 422-1				D.K.
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				arterio sclerotic Psychose				2 yr
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Jan 2, 1949 , to Feb 15, 1953 , that I last saw the deceased alive on Feb 15, 1953 , and that death occurred at 5 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) M. Dreyer M.D.				23b. ADDRESS Huntsville Mo		23c. DATE SIGNED 2/21/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2-21-1953	24c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery		24d. LOCATION (City, town, or county) (State) Huntsville, Missouri			
DATE REC'D BY LOCAL REG. 2-21-53		REGISTRAR'S SIGNATURE Mary H. Bentley		25. FUNERAL DIRECTOR'S SIGNATURE J.B. Patton & Sons		ADDRESS Huntsville, Mo		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Paul J. Patton

Signed.....
Student Embalmer

Licensed Embalmer No. 4095

P. O. Address. Hunterville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.